

FINAL BILL REPORT

ESHB 2876

PARTIAL VETO

C 209 L 10

Synopsis as Enacted

Brief Description: Concerning pain management.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Moeller, Green and Morrell).

House Committee on Health Care & Wellness
Senate Committee on Health & Long-Term Care

Background:

Pain management is the practice of medically treating people suffering from pain, including the management of long-term pain. Pharmacological interventions for pain often include the use of opioids. Because of the health risks associated with opioid use, there are several state rules and guidelines for prescribing such drugs.

For example, both the Medical Quality Assurance Commission (MQAC), the Board of Osteopathic Medicine and Surgery (BOMS), and the Podiatric Medical Board (PMB) have adopted guidelines for the treatment of pain with opioids. Additionally, the MQAC and the BOMS have adopted rules that require practitioners treating pain to be knowledgeable about the complex nature of pain, familiar with pain treatment terms used in the pain guidelines, and knowledgeable about acceptable pain treatment modalities. The rules also state that practitioners will not be disciplined based solely on the quantity or frequency of opioids prescribed as long as the care provided is consistent with currently acceptable medical practices.

Other guidelines for the treatment of pain were developed by the Agency Medical Director's Group, which is a consortium of agencies that purchase or regulate health care, including the Department of Corrections, the Department of Health (DOH), Department of Labor and Industries (L&I), the Department of Social and Health Services (DSHS), and the Health Care Authority in consultation with a panel of pain experts. The purpose of the guidelines is to assist primary care providers when prescribing opioids in a safe and effective manner and to assist primary care providers in treating patients whose morphine equivalent dose already exceeds 120 mg per day.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The DOH also hosts a work group on reducing opioid abuse and unintentional poisonings. The group consists of representatives from the DOH, the DSHS, the L&I, the MQAC, the Board of Pharmacy, the University of Washington, the Office of the Attorney General, and other public and private entities.

Summary:

By June 30, 2011, the MQAC, the BOMS, and the PMB must repeal their rules on pain management. By June 30, 2011, the MQAC, the BOMS, the PMB, the Dental Quality Assurance Commission, and the Nursing Care Quality Assurance Commission must all adopt new rules on chronic, non-cancer pain management. The new rules must contain the following elements:

- dosing criteria, including a dosage amount that may not be exceeded without consultation with a pain management specialist, and exigent or special circumstances under which the dosage amount may be exceeded without a consultation. The rules regarding consultation with a pain management specialist must, to the extent practicable, take into account:
 - circumstances under which repeated consultations would not be necessary or appropriate for a patient undergoing a stable, ongoing course of treatment for pain management;
 - minimum training and experience that is sufficient to exempt a provider from the consultation requirement;
 - methods for enhancing the availability of consultations;
 - allowing the efficient use of resources; and
 - minimizing the burden on practitioners and patients;
- guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
- guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
- guidance on tracking the use of opioids.

The boards and commissions must adopt the new rules in consultation with the Agency Medical Directors' Group, the DOH, the University of Washington, and the largest associations representing the professions the boards and commissions regulate. The boards and commissions adopting the rules must work collaboratively to ensure that the rules are as uniform as practicable. The rules must be submitted to the Legislature on January 11, 2011.

The rules do not apply to:

- palliative, hospice, or other end-of-life care; or
- the management of acute pain caused by an injury or a surgical procedure.

Votes on Final Passage:

House	97	0	
Senate	37	10	(Senate amended)
House			(Refuses to concur)
Senate	36	12	(Senate amended)

Effective: June 10, 2010

Partial Veto Summary: The following provisions were vetoed:

- the requirement that the boards and commissions work collaboratively to ensure that the rules are as uniform as practicable; and
- the requirement that the boards and commissions submit the rules to the Legislature on January 11, 2011.